| Texas Ethics Commis | (0) | 2) 463-5800 1-800-325-8506 |
|--|---|--|
| | PURPOSE COMMITTEE N FINANCE REPORT | FORM SPAC COVER SHEET PG 1 |
| The SPAC Instruction Gu | side explains how to complete this form. | 2 Total pages filed: |
| 3 COMMITTEE NAME | | OFFICE USE ONLY |
| PROTECT | OUR CITIZENS | Date Repetited |
| 4 COMMITTEE ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE | RECEIVED E |
| Change of Address | 2903 WILLIAMS GRANT | AUG 3 - 2006 |
| | 506AR LAND, TEXAS 77479 | Olio tang coping second and assessment |
| 5 CAMPAIGN TREASURER NAME | MS-/MRG/MR FIRST FOR REST MI 69. | Receipt # |
| | NICKNAME LAST SUFFIX | Date Imaged |
| 6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: 2903 WILLIAMS GRANT 5 VGAR LAND, TEXAS 77479 | ZIP CODE |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS | STREET OR PO BOX; APT / SUITE #: CITY: STATE; 2903 WILLIAMS GRANT | ZIP CODE |
| Change of Address | SUGAR LAND, TEXAS 77479 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 565-4228 | |
| 9 REPORTTYPE | January 15 30th day before election July 15 8th day before election Runoff | Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination |
| 10 PERIOD COVERED | Month Day Year | Month Day Year |
| | 7/1/06 THROUGH | 7 /31 /06 |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year O7 / 06 Primary Runoff | General Special |
| | GO TO PAGE 2 | |

| PURPOSE A | URF ND | POSE COMN TOTALS | IITTEE REPORT: | C | FORM SPA |
|--|---|---|--|----------------|---|
| 12 COMMITTEE NAME PR | orec | TOUR CITIZ | ENS | | ACCOUNT # (Ethics Commission filers) |
| 13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) SEE ATTAC | HED | CANDIDATE | CANDIDATE / OFFICEHOLDER NAME | 1 | |
| SUPPORT (Candidate or Meas | sure) | OFFICEHOLDER | OFFICE SOUGHT (candidate) / OFFICE HELD (office | sholder |) |
| OPPOSE (Candidate or Meas | sure) | | | | |
| J ASSIST (Officeholder) | | MEASURE | Month | Day | N DATE Year O 6 |
| CONTRIBUTION TOTALS | 1. | TOTAL POLITICAL CON PLEDGES, LOANS, OR (| TRIBUTIONS OF \$50 OR LESS (OTHER THAN GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 280.00 |
| | 2. | TOTAL POLITICAL COTHER THAN PLEDGE | ONTRIBUTIONS S, LOANS, OR GUARANTEES OF LOANS) | \$ | 17730.00 |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPE | ENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ | |
| j | 4. | TOTAL POLITICAL E | XPENDITURES | \$ | 10,000.00 |
| CONTRIBUTION BALANCE | 5 . | TOTAL POLITICAL CONT OF THE REPORTING PE | RIBUTIONS MAINTAINED AS OF THE LAST DAY | \$ | 7590,00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNTAINST DAY OF THE REPO | UNT OF ALL OUTSTANDING LOANS AS OF THE DRTING PERIOD | \$ | 9000.00 |
| Notar | ANNY L. I y Public, St mm. Expire | 6) | I swear, or affirm, under penalty of perjureport is true and correct and includes all reported by me under Title 15, Election Constitution of Signature of Campaign to | infon Code. | mation required to be |
| vom to and subscribed | before i | | PINDLE, FORREST ess my hand and seal of office. | this t | he 0 3 day |
| A H is Harify | tering oat | h Printed nam | e of officer administering path Title of offi | Er adi | RSNAL BANK |

PROTECT OUR CITIZENS

COMMITTEE PURPOSE

To support a Houston City Charter Amendment giving the citizens the right to vote November 7, 2006 to end the "Sanctuary Policy" which forbids Houston Police officers from asking individuals for proof of their legal immigration status.

| OTHE | ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN | S | | SCHEDULE A |
|-----------------|--|---------------------|-------------------------------|---|
| The INSTRUCT | ION GUIDE explains how to complete this form. | | 1 Total pages this | Schedule A: |
| FILER NAM | PROTECT OUR CITIZENS | | 3 ACCOUNT# (EI | thics Commission filers) |
| Date | 5 Full name of contributor Out-of-state PAC (ID#:_ | | 7 Amount of contribution (\$) | 8 In-kind contribution description (If applicable |
| 6/26/06 | 6 Contributor address; City: State; Zip Code | | 200.00 | |
| Principal occi | pation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| Date | Full name of contributor Out-of-state PAC (ID#: | | | |
| | THE HEIMER REVOCABLE LIN | ING TRUST | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 0/29/06 | Contributor address; City; State; Zip Code | i | 50.00 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributorout-of-state PAC (ID#: | | | |
| . 1 1 | H. ROBERT KIDDER | | Amount of I contribution (\$) | In-kind contribution description (if applicable) |
| 130/06 | Contributor address; City; State; Zip Code | | 50.00 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Ins | tructions) | |
| Date | Full name of contributor | | <u> </u> | |
| 7/. | IRV WILLARD | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 7/11/0% | Contributor address; City; State; Zip Code | | 500.00 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Inst | ructions) | · |
| Date | Full name of contributor | | | |
| ~!! | WOODY R. DENSEN | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 7/3/06 | Contributor address; City; State; Zip Code | | 50.00 | |
| | | , | · ! | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Inst | uctions) | |
| lf agnerik | ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instruc | OF THIS FORM AS | NEEDED | |

| Texas Ethics Co | ommission P.O. Box 12070 Aust | <u>tin, Texas 78711-20</u> | 070 (512) 4 | 62 5000 |
|------------------|---|----------------------------|-------------------------------|---|
| POLIT | ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN | | (312)4 | 63-5800 1-800-325-850 SCHEDULE A |
| | ON GUIDE explains how to complete this form. | | 1 Total pages this | s Schedule A: |
| 2 FILER NAM | PROTECT OUR CITIZENS | | 3 ACCOUNT# (E | Ethics Commission (ilers) |
| 7/3/06 | 5 Full name of contributor Out-of-state PAC (ID#: MARGIE H. SYER | , | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 712708 | 6 Contributor address; City; State; Zip Code | | 5.00 | |
| 9 Principal occu | pation / Job title (See Instructions) | 10 Employer (See in | nstructions) | <u> </u> |
| 7/4/06 | Full name of contributor Out-of-state PAC (IDS: HAV C. HOLCOMB Contributor address; City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occup | pation / Job title (See Instructions) | Employer (Gee In | structions) | |
| Date | Full name of contributor Out-of-state PAC (IDE: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 7/5/05 | Contributor address; City; State; Zip Code | | 5.00 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Ins | structions) | |
| 7/06/06 | Full name of contributor Out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 1/09/06 | Contributor address; City; State; Zip Code | | 5.00 | |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Ins | tructions) | |
| Date 7/1/06 | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (fapplicable) |

Commount address; City; State;

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| Texas Etnics Co | ommission P.O. Box 12070 Aus | tin, Texas 78711-20 | 70 (512) 46 | 53-5800 1-800-325-8 |
|------------------|--|---------------------|-------------------------------|---|
| POLIT | ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI | NS | | SCHEDULE A |
| The Instructi | ом Guib≘ explains how to complete this form. | | 1 Total pages this | Schedule A: |
| 2 FILER NAM | PROTECT OUR CITIZENS | | 3 ACCOUNT# (E | thics Commission filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# | : | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 7/10/06 | 6 Contributor address: City, State; Zip Cod | e | 5.00 | . |
| 9 Principal occu | pation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| 7/12/05 | Full name of contributor unt-of-state PAC (DM: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 111496 | Contributor address; City; State; Zip Code | | 300.00 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Ins | structions) | · <u></u> |
| 7 /15/ac | Full name of contributor Out-of-state PAC (IDS: CHERYL C. CLARK Contributor address; City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Inst | tructions) | |
| 7/15/06 | Full name of contributor Out-of-state PAC (ID#: KENNETH A. WAIT Contributor address; City: State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Inst | ructions) | |
| 115/66 | Full name of contributor out-of-state PAC (ID#:_ JONE MEIER Contributor address; City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instr | ructions) | V |
| If contrib | ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instru | S OF THIS FORM AS | NEEDED litional reportin | g requirements. |

| lexas Etnics Co | mmission P.O. Box 12070 Aust | in, Texas 78711-20 | 70 (512) 46 | 53-5800 1-800-325-85 |
|------------------|--|---------------------|-------------------------------|---|
| | CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
| The Instruction | эн Guide explains how to complete this form. | | 1 Total pages this | Schedule A: |
| 2 FILER NAM | ROTECT OUR CITIZENS | | 3 ACCOUNT # (EI | hics Commission filers) |
| 4 Date | E C. H. | | | · · · · · · · · · · · · · · · · · · · |
| . 1 | DAWS M 1124 1846 | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 1/2/06 | 6 Contributor address; City; State; Zip Code | | 5,000.00 | [|
| : | Market State of the State of th | | | [] |
| 9 Principal occu | pation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| Date | Full name of contributor Out-of-state PAC (IDM: | , | Amount of | |
| • | | | contribution (\$) | In-kind contribution description (if applicable) |
| 7/21/06 | DAVID B. WILSON Contributor address; City, State; Zip Code | . | 2,000.00 | |
| | | | | |
| Principal occui | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributor Out-of-state PAC (D#:_ | | Amount of | In-kind contribution |
| | SHELLEX SEKULA-GIBBG | | contribution (\$) | description (if applicable) |
| 7/20/06 | Contributor address; City; State; Zip Code | | l | |
| 1 July 1 | | | 2,50000 | |
| | | | | |
| | 2/18/2 | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Ins | tructions) . | |
| Date | Full name of contributorout-of-state PAC (ID#: | | Amount of | In-kind contribution |
| | NITA CASSIDY | | contribution (\$) | description (if applicable) |
| 7/14/1 | Contributor address; City; State; Zip Code | | | |
| 1/24/06 | | | 500.001 | |
| 1 | 11 | _ | | • |
| —. <u> </u> | | | <u></u> i | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Ins | tructions) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of | In-kind contribution |
| | LEECOOK | | contribution (\$) | description (if applicable) |
| 7/24/. | <u> </u> | | i | • |
| 7/24/06 | Contributor address; City; State; Zip Code | . | 5,000.00 | |
| · | | |) | |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Inst | ructions) | |
| If contrib | ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instru | S OF THIS FORM AS | S NEEDED ditional reportin | g requirements. |

| POLIT | TICAL CONTRIBUTIONS R THAN PLEDGES OR LOA | NS | | SCHEDULE A |
|------------------|---|---------------------------------------|----------------------------------|---|
| The Instruc | ction Guide explains how to complete this form. | | 1 Total pages Sch | nedule A: |
| FILER NAM | ME/ | | | <u> </u> |
| Date | VROTECT OUR CITIZENS | | 3 ACCOUNT# (E | thics Commission filers) |
| l ! !. | 5 Full name of contributor Out-of-state PAC (IDs: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable |
| 7/15/ob | 6 Contributor address; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | 1,000.00 | ∤· * ! |
| | | | (If travel outside | of Texas, complete Schedule T |
| Principal occi | upation / Job title (See Instructions) | 10 Employer (See I | nstructions) | , complete contender (|
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of | la librat |
| 1/20/06 | CAROLYN J. LEAHY Contributor address; City, State, Zip Code | | contribution (\$) | In-kind contribution description (if applicable) |
| 140/06 | Gily, State, Zip Code | | 25.00 | |
| Principal | 1.5 among chap is an | | (If travel outside o | f Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | Employer (Scolin | etructions) | oxes, complete ocheune () |
| Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 7/27/06 | Contributor address; City; State; Zip Code | | 100.00 | |
| ps)). | | · | (If travel outside of | Texas, complete Schedule T) |
| -incipal occuj | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributorout-of-state PAC (ID#: | | Amount of | In-kind contribution |
| 1/02/ | PERRIN W. WHITE | | contribution (\$) | description (if applicable) |
| 126/06 | Contributor address; City; State; Zip Code | # | 250.00 | · . |
| Principal occup | eation / Job title (See Instructions) | Employer (See Ins | (If travel outside of tructions) | Texas, complete Schedule TJ |
| Date | | | | |
| Oate | Full name of contributorout-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | i | |
| | | | . I | • |
| Principal occurs | ation / Job title (See Instructions) | | (If travel outside of | Texas, complete Schedule T) |
| | Page (200 ans (200 instructions) | Employer (See Inst | | |
| If contr | ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instruc | OF THIS FORM AS | S NEEDED | |